

## FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

	Federal Agency and Organizational Element to Which Report is Submitted  2. Federal Grant or Other Identifying Number Assigned By Federal Agency 9855/47000016/00000GS6W53/20/GSA				OMB Approval Page of No. 1 1 1 pages	
1	ization (Name and complete a CRETARY OF STATE	address, including ZIP code)				
4. Employer Identification Number 5. Recipient Account Num 63-6000619 1133, TITLE II			er or Identifying Number	6. Final Report  Yes  No	7. Basis Cash Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)  9/30/2004  To: (Month, Day, Year)  5/19/2005			10/1/2003		To: (Month, Day, Year) 9/30/2004	
10. Transactions:			l Previously Reported	I This Period	III Cumulative	
a. Total cutlays				1,463.91	1,463.91	
b. Refunds, rebates, etc.					0.00	
c. Program income used in accordance with the deduction alternative				-	0.00	
d. Net outlays (Line a, less the sum of lines b and c)			0.00	1,463.91	1,463.91	
	of net outlays, consisting of	r I	rang si wasa je bis is si si si si jiji		0.00	
	(in-kind) contributions ral awards authorized to be use	ed to match this award			0.00	
g. Program income used in accordance with the matching or cost					0.00	
sharing alternative h. All other recipient outlays not shown on lines e, f or g					0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00	0.00	0.00	
j. Federal shar	re of net outlays (line d less lin	намирия (пред 1996) e i)	0.00	1,463.91	1,463.91	
k. Total unliquidated obligations						
Recipient's share of unliquidated obligations						
m. Federal share of unliquidated obligations					499900000000000000000000000000000000000	
n. Total Federal share (sum of lines j and m)					1,463.91	
o. Total Federal funds authorized for this funding period					14,666,337.22	
p. Unobligated	balance of Federal funds (Line	e o minus line n)			14,664,873.31	
Program income, o	consisting of: rogram income shown on lines	s c and/or a above				
r. Disbursed program income using the addition alternative						
s. Undisbursed program income						
t. Total progra	ım income realized (Sum of line	es q, r and s)			0.00	
a. Type of Rate (Place "X" in appropriate box)  11. Indirect			Terrino galifranci fi prograficio			
11. Indirect Expense	b. Rate	c. Base	etermined d. Total Amount	Final e. F	☐ Fixed Federal Share	
governing leg LINE 100 INCL  13. Certification:	istation.  LUDES INTEREST OF 1  I certify to the best of my knunliquidated obligations are	necessary or information requests, 344.51.  where the purposes set forth in	report is correct and cor	nplete and that all outl	ays and	
Typed or Printed Name and Title NANCY L. WORLEY, SECRETARY OF STATE				Telephone (Area code, number and extension) 334-242-7206		
Signature of Authori	ized Certifying Official	Jules		Date Report Submitted May 20, 2005		
20 2 5 NV 3	Callin A	<del></del>		t		

Standard Form 289 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

## 2004 EXPENDITURES FOR HAVA, TITLE II 2004 FISCAL YEAR



## EXPENDITURES MADE FOR VOTING INFORMATION AND VOTERS WHO REGISTER BY MAIL:

DATE PAID VENDOR
11/2/2004 ROMANOW CONTAINER

**AMOUNT COMMENTS** 1,493.61 MATERIALS

TOTAL FOR TITLE II
EXPENDITURES FOR 2004 FISCAL
YEAR

1,493.61